

**Hart Interdisciplinary Programs
 Business Office**
**Entertainment Reimbursement
 Request Form**

 Refer to UCD PPM [Section 330-80](#), Entertainment, and UC Business and Finance [Bulletin 79](#) for entertainment policy and allowance.

DOCUMENTATION	<p><u>Along with this request, please include:</u></p> <ul style="list-style-type: none"> Please attach original itemized receipts for expenses \$75 and over. All receipts must identify food, beverage and supplies. Due to potential fund source restrictions, Alcohol must be separately itemized regardless of amount. An attendance sheet noting attendee names, title, and organizational affiliation. You can use the Event Attendance Sign In Sheet on our website. For events with more than 10 participants, a copy of a flyer with open invitation may be provided in lieu of the Event Attendance Sign In Sheet.
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ALL FIELDS ARE REQUIRED UNLESS OTHERWISE NOTED.

BUSINESS PURPOSE	Name of Event:	<input type="text"/>	Date(s) of Event:	<input type="text"/>	City of Purchase:	<input type="text"/>
	Business Purpose: <i>(Include official university business purpose of event and attach participant list, all agendas, flyers and programs)</i>	<input style="width: 100%;" type="text"/>				
	Type of Entertainment: <i>(Business, Morale, or Recruitment)</i>	<input type="text"/>	Total Number of Attendees:	<input type="text"/>		
Note: Additional approval required for: Entertainment of the spouse, domestic partner, other partner, or family members of the official host or guest; Tickets purchased for a guest or guests by a host to a sporting, theatrical, or musical event for the purpose of stewardship; Employee morale building and employee recognition events; Exceeding the per-person meal allowance.						

EVENT HOST AND REQUESTER INFORMATION	Requester Name:	<input style="width: 100%;" type="text"/>				
	Name of Host:	<input type="text"/>	Title:	<input style="width: 30%;" type="text"/>		
	Address:	<input style="width: 100%;" type="text"/>				
	Email:	<input type="text"/>	Phone:	<input style="width: 50%;" type="text"/>		

EXPENSE INFORMATION	Expense Type <i>(Breakfast, Lunch, Dinner, Light Refreshments, Alcohol, or Supplies)</i>	Expense Date	Payment Used <i>(T&E Card, CTS, Out-of-Pocket)</i>	Expense Amount	Account(s) to Charge

Email completed form and receipt to hip-aggietravel@ucdavis.edu.